CENTRAL PAYROLL ACCESS REQUEST

	REQUES	T DATE		
NAME OF REQUESTING AGENCY		AGENCY#		
REQUESTOR NAME		REQUESTOR TELEPHONE		
Please allow the employ	ee(s) listed below to acc	ess the Central	Payroll Syster	n:
EMPLOYEE NAME	TELEPHONE #	RACF ID#	(USE "X" TO I TYPE OF INQUIRY ONLY	ACCESS
EMPLOTEE NAME	TELEPHONE #	RACF ID#	ONLY	& ALIEK
Please <u>REMOVE</u> the em	nployee(s) shown below	from the Central	Payroll Acce	ss Listing:
EMPLOYEE NAME		RACF ID#		
			_	
			-	
			_	

INSTRUCTIONS

THIS REQUEST SHOULD BE FAXED TO THE ATTENTION OF EITHER ROGER FARMER OR PATRICIA BERNARD. THE FAX NUMBER IS (919) 981-5570.